

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 787082	RECEIPT DATE:	03 / 14 / 01
IA NUMBER:	PCT/ AU99 / 00769	IA FILING DATE:	09 / 14 / 99
FAMILY NAME:	CRAIK	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	DAVID JAMES	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	09 / 14 / 98
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	DAVI-0005	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 2155683100
			FAX
NAME:	MARK DELUCA		
	WOODCOCK WASHBURN KURTZ MACKIEWICZ & NOR		
STREET:	46TH FLOOR		
	ONE LIBERTY PLACE		
CITY:	PHILADELPHIA		
STATE/COUNTRY:	PA	ZIP:	19103
EMAIL:			
APPLICATION TITLES:			
	CYCLISED CONOTOXIN PEPTIDES		

TAB TO LAST POSITION, PUSH SEND